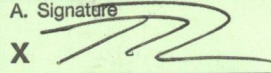


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: THADDEUS HACKWORTH ATTY BERRIEN COUNTY GOVERNMENT 701 MAIN STREET ST JOSEPH MICHIGAN 49085		B. Received by (Printed Name) Thaddeus Hackworth	
2. Article Number (Transfer from service label) 7022 1670 0001 2173 0504		C. Date of Delivery 12/9/22	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Barcode 9590 9402 7534 2098 9843 91		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®. Saint Joseph, MI 49085	
OFFICIAL USE	
Certified Mail Fee \$ 13.25	
Extra Services & Fees (check box, add fees if appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 10.00 <input checked="" type="checkbox"/> Return Receipt (electronic) \$ 10.00 <input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ 10.00 <input type="checkbox"/> Adult Signature Required \$ 10.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 17.05	
Total Postage and Fees \$ 30.65	
Sent To THADDEUS HACKWORTH ATTY Street and Apt. No., or PO Box No. 701 MAIN STREET City, State, ZIP+4® ST. JOSEPH MICHIGAN 49085	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: DANA NESSEL ATTORNEY GENERAL MICHIGAN 525 W. OTTAWA STREET LANSING MICHIGAN 48906</p> <p>2. Article Number (Transfer from service label) 7022 1670 0001 2173 0580</p>		<p>A. Signature X</p> <p>B. Received by (Printed Name) Kenneth B. Saw</p> <p>C. Date of Delivery DEC 07 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>DTMB Delivery Services Agent for State of Michigan</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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For delivery information, visit our website at www.usps.com ®.	
Lansing, MI 48906	
OFFICIAL USE	
Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.35
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$9.90
Total Postage and Fees	\$23.50
Sent To DANA NESSEL ATT. GENERAL	
Street and Apt. No. or PO Box No. 525 W. OTTAWA STREET	
City, State, ZIP+4® LANSING MICHIGAN 48906	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Marge Duram-Hiatt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MARGE DURAM-HIATT SUPERVISOR NILES CHARTER TOWNSHIP 320 BELL RD NILES MICHIGAN 49120</p>		<p>B. Received by (Printed Name) <i>Marge Duram-Hiatt</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7022 1670 0001 2173 0498</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>		<p>Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at www.usps.com.</p>	
<p>7022 1670 0001 2173 0498</p>	
<p>OFFICIAL USE</p>	
<p>Certified Mail Fee \$13.25</p> <p>Extra Services & Fees (check box, add fee as appropriate):</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$10.00</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$10.35</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$10.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$9.90</p> <p>Total Postage and Fees \$23.50</p>	<p>KENNESAW 02571 3014 05</p> <p>DEC 5 2022</p> <p>Postmark Here</p> <p>USPS</p> <p>12/05/2022</p>
<p>Sent To MARGE DURAM-HIATT</p> <p>Street and Apt. No., or PO Box No. 320 BELL RD</p> <p>City, State, ZIP+4® NILES MICHIGAN 49120</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Katherine Gardner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: KATHERINE GARDNER GENERAL COUNSEL "UP" STATE BAR OF MICHIGAN 306 TOWNSEND STREET LANSING MICHIGAN 48933</p>		<p>B. Received by (Printed Name) Katherine Gardner</p> <p>C. Date of Delivery 12 9 22</p>	
<p>2. Article Number (Transfer from service label) 7022 1670 0001 2173 0559</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>		<p>Mail Mail Restricted Delivery (0)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>CERTIFIED MAIL® RECEIPT</p> <p>Domestic Mail Only</p> <p>For delivery information, visit our website at www.usps.com.</p>	
<p>OFFICIAL USE</p>	
<p>Postmark: DEC 5 2022</p> <p>Postmark Here</p> <p>USPS</p>	
<p>12/05/2022</p>	
<p>See Reverse for Instructions</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p>	
<p>City, State, ZIP+4® LANSING MICHIGAN 48933</p>	
<p>Street and Apt. No., or PO Box No. 306 TOWNSEND STREET</p>	
<p>Sent To KATHERINE GARDNER ATN</p>	
<p>Postage and Fees \$ 33.84</p> <p>Postage \$ 3.25</p> <p>Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 10.00 <input checked="" type="checkbox"/> Return Receipt (electronic) \$ 10.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00 <input type="checkbox"/> Adult Signature Required \$ 0.00</p>	
<p>Certified Mail Fee \$ 3.25</p>	
<p>Total Postage and Fees \$ 33.84</p>	
<p>12/05/2022</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: MR. ELLIS MITCHELL CITY MANAGER 200 EAST WALL STREET BENTON HARBOR MI 49022</p> <p>2. Article Number (Transfer from service label) 7022 1670 0001 2173 0566</p>		<p>A. Signature x April meyer <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) April meyer</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 7437 2055 8015 61</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>	
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For delivery information, visit our website at www.usps.com .	
Benton Harbor, MI 49022	
OFFICIAL USE	
Certified Mail Fee \$2.25	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/>	Return Receipt (hardcopy) \$10.00
<input checked="" type="checkbox"/>	Return Receipt (electronic) \$10.25
<input checked="" type="checkbox"/>	Certified Mail Restricted Delivery \$10.00
<input type="checkbox"/>	Adult Signature Required \$0.00
<input type="checkbox"/>	Adult Signature Restricted Delivery \$0.00
Postage \$3.84	
Total Postage and Fees \$17.44	
Sent To: MR. ELLIS MITCHELL	
Street and Apt. No., or PO Box No. 200 EAST WALL STREET	
City, State, ZIP+4® BENTON HARBOR MI 49022	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Sent To
NICHOLAS BAREY 4TH
111 SOUTH CAPITAL AVE
LANSING MICHIGAN 48933

City, State, ZIP+4®

Postmark Here
DEC - 5 2022
KENNESAW GA 30144

12/05/2022

Certified Mail Fee \$3.25

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$10.35

☒ Return Receipt (electronic) \$10.00

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$3.84

Total Postage and Fees \$17.44

Postmark Here
DEC - 5 2022
KENNESAW GA 30144

12/05/2022

2022 1670 0001 2173 0542

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Sent To
ATTORNEY CAMI PENDELL
P.O. BOX 30048
LANSING MICHIGAN 48909

City, State, ZIP+4®

Postmark Here
DEC - 5 2022
KENNESAW GA 30144

12/05/2022

Certified Mail Fee \$3.25

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$10.35

☒ Return Receipt (electronic) \$10.00

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$3.84

Total Postage and Fees \$17.44

Postmark Here
DEC - 5 2022
KENNESAW GA 30144

12/05/2022

2022 1670 0001 2173 0542

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service™
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Sent To
ATTY. JEFFERY HOLMSTROM
830 PLEASANT STREET SUITE 100
ST. JOSEPH, MICHIGAN 49085

City, State, ZIP+4®

Postmark Here
DEC - 5 2022
KENNESAW GA 30144

12/05/2022

Certified Mail Fee \$3.25

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$10.35

☒ Return Receipt (electronic) \$10.00

☒ Certified Mail Restricted Delivery \$10.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$9.90

Total Postage and Fees \$23.50

Postmark Here
DEC - 5 2022
KENNESAW GA 30144

12/05/2022

2022 1670 0001 2173 0528